R E P O R T R E S U M E S

ED 014 358 RC 001 980

PLANNING FOR RURAL HEALTH SERVICES.

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PUB DATE 23 OCT 67

EDRS PRICE MF-$0.25 HC-$0.40 8P.

DESCRIPTORS- *ECONOMIC DISADVANTAGEMENT, EQUAL EDUCATION, *HEALTH SERVICES, HEALTH, HOUSING DEFICIENCIES, *HEALTH PROGRAMS, HEALTH EDUCATION, LOW INCOME, MIGRATION, *MEDICAL SERVICES, PHYSICAL EXAMINATIONS, PLANNING, PUBLIC HEALTH, RESEARCH, *RURAL AREAS, RURAL POPULATION,

THE RURAL POPULATION HAS BEEN SHIFTING TOWARD THE URBAN CENTERS OF OUR COUNTRY. SOME EVIDENCE INDICATES A REVERSAL OF THIS SITUATION IN THE NEAR FUTURE. INDUSTRY IS MOVING AWAY FROM THE CITIES TO AVOID WATER POLLUTION, TRAFFIC CONGESTION, AND HIGHER OPERATIONAL COSTS. PLANNED CITIES WHICH INCLUDE COMPREHENSIVE HEALTH PLANS ARE BEING CONSTRUCTED IN SOME AREAS. THESE HEALTH SERVICES ARE THE KIND WHICH SHOULD BE PROVIDED FOR THE RURAL POPULATION. SOME OF THE HEALTH OBJECTIVES FOR RURAL AREAS SHOULD INCLUDE--(1) HIGHER INCOME LEVELS AND EQUAL EDUCATIONAL OPPORTUNITIES, (2) ADEQUATE PREVENTATIVE MEASURES, EMERGENCY CARE, AND REHABILITATION SERVICES, (3) HEALTH EDUCATION, (4) TRAINING FACILITIES FOR ALL TYPES OF HEALTH PERSONNEL, AND (5) ADEQUATE RESEARCH. TO ACHIEVE THESE GOALS, THERE SHOULD BE A LOCALLY CONCEIVED HEALTH PLAN DESIGNED TO MEET THE NEEDS OF THE LOCAL COMMUNITY. THIS SPEECH WAS PRESENTED AT THE NATIONAL OUTLOOK CONFERENCE ON RURAL YOUTH, OCTOBER 23-26, 1967, WASHINGTON, D. C., SPONSORED JOINTLY BY THE U. S. DEPARTMENTS OF AGRICULTURE, HEALTH, EDUCATION AND WELFARE, INTERIOR, AND LABOR, OEO, AND THE PRESIDENT'S COUNCIL ON YOUTH OPPORTUNITY. (ES)

Speech presented at
NATIONAL OUTLOOK CONFERENCE
ON RURAL YOUTH
October 23-26, 1967
Washington, D. C.

Special Session on Health Status and
Health Services for Rural Youth

PLANNING FOR RURAL HEALTH SERVICES

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I. Statistics indicate that out-migration of rural residents in the productive years of life (21-64) has resulted in an increase in the proportion of older as well as of younger people remaining on farms.

Other data indicate that rural folks have more days of restricted activity than folks who live in the city. And accidental death rates are higher in rural areas.

But children and young people who live in the city have more acute illnesses and lose more time from school than do their country cousins.

These differences aren't great enough to convince me that this is the crux of the rural health problem. People who live on farms aren't that much sicker than people who live in cities.

The statistics which interest me more are those dealing with the distribution of physicians and dentists. There are only about half as many doctors and dentists per 100 people in rural areas as there are in cities and this ratio is worsening each year.

This shortage of physicians and health workers is particularly painful at this time because there is so much more medical knowledge to apply than there used to be.

Health research expenditures at a rate of a billion dollars a year are producing so many new methods of diagnosing and treating diseases they are swamping our present system for providing health care.

Physicians, legislators, community leaders, educators and many others sense the magnitude of the problem and are reaching out in many directions in an attempt to find solutions to it.

The basic problem is the inability of our present system to adequately apply the ever-growing amount of new health knowledge. This basic problem exists both in urban and rural areas, but it is more acute in rural areas because of

factors of which you are well aware---too few doctors, low incomes, sparsity of population, lack of hospitals, and lower educational levels.

However, all things being equal, I believe young people can grow taller and healthier living in the country than in the city. But, unfortunately, things aren't equal and that's one of the things we can talk about.

II. Trend Towards Consolidation

Consolidated schools are old hat to rural folks. Despite the nostalgia evoked by thoughts of the "old one room school house", I don't think many graduates of that noble institution would favor its return.

The same process of consolidation that has benefitted schooling is affecting farming. More and more farm production is being centralized on larger farms.

It is not unreasonable to expect that in the evolution of a new and better system of health care this same process of consolidation will be evident.

III. Changes in the Pattern of Medical Care

Recently, electrocardiograms were taken in Paris and transmitted via Telstar to Bethesda, Maryland. There, at the National Institute of Health, these electrocardiograms were read by cardiologists and the results were bounced back to Paris within the hour.

Contracts have been let to determine how much and what kind of information about a disease must be fed into a computer to make it capable of determining from a medical history what tests the patient should have before he sees the doctor. The postgraduate education of physicians is being expanded by the use of closed circuit television. Very soon a mechanical heart promises to prolong the lives of people with incurable heart disease.

These dramatic accounts are eye-catching, even breathtaking, but of what significance are they to you or to me today? Or how do they help the farmer with diabetes who must rely on an overworked physician who depends for his diagnosis on primitive laboratory equipment?

Undoubtedly our children or our grandchildren will benefit from the practical application of these esoteric creations of current medical science but lets not forget--we have a job to do today--with the resources currently available to us--to provide better medical and health care to a lot of rural people.

Let me cite just a few examples of the types of care that could be more widely applied:

1. Are periodic physical examinations really available to everyone who needs them regardless of income level, and no matter what part of the country they live in---urban or rural?

Do these physical examinations include all of the tests that have been proven effective and reliable in detecting serious diseases early?

2. Do all women in susceptible age groups have ready and easy access to examinations for cancer of the breast and uterus? Is the new technique for examination of the breast--mamography--being widely used? Is there any discrimination in the use of these techniques based on income, race, or place of residence? What is your honest answer to that question?

3. Are all rural residents who have a coronary attack within ambulance range of an acute coronary care unit? These units have been shown to reduce the mortality from acute coronary heart attacks by 50 percent. Why aren't they more widely available?

I could go on listing the many procedures, proven to be beneficial, many of them lifesaving, that are not readily available to everyone throughout the United States, but I believe I have made my point.

IV. The Young Physician

In 1940, 75 percent of graduates of medical schools became general practitioners. Today the percentage has dropped to 20 percent. Too few of these choose to practice in rural areas.

Young doctors today are better equipped than graduates in past years. They are better trained. They have invested a substantial part of their lives in the training they have received. Why do so many of them turn their back on rural practice?

A study was done in New York State in an attempt to find out. These are the reasons given:

1. The hours of work demanded of rural physicians are long and unrelenting.

2. They do not have adequate time to study, attend meetings, to keep pace with advances in medical practice.

3. They are often unable to obtain hospital appointments.

4. They miss the educational stimulus of consorting with other doctors in a hospital or clinic setting.

5. And they and their families miss the cultural opportunities found in large cities.

Oddly enough low income and other economic factors apparently were not major deterrents to rural practice.

These are the objections to practice in rural communities that will have to be overcome, and in some areas are being overcome, before modern medicine goes to the country.

V. Rural Poverty and Health

Proportionately twice as many poor families live in rural areas than live in urban areas. A third of rural families have an income of less than $3000 a year.

Because of their low income only half of these rural families have hospital insurance compared to 75 percent of urban families.

Poverty feeds on itself.

Because of geographical and cultural isolation coupled with poor education, poor people find it hard to break the vicious cycle of inherited poorness.

Unfortunately the futility, apathy, and passivity that is bred by poverty is often associated with a high fertility rate. This further compounds the problem of rural poverty.

Naturally the housing environment of rural poor families is marginal at best. Unsanitary sewage disposal systems, garbage dumps, polluted water, rats, and insects foster diseases to which poorly nourished and thinly clothed people have a lowered resistance.

As bad as individual poverty is, community poverty is worse for poor communities can ill afford the hospitals, sewage systems, and the other health services and facilities needed to keep people well.

VI. Complex Causes of Ill Health

The multiplicity of factors which contribute to ill health among poor rural people underscores the complexity of disease causation among all classes of people.

In the broadest sense ill health cannot be attributed to single organisms such as the tubercle bacillus or to a lack of vitamins. Ill health is caused by the interplay of many factors.

Social and geographic isolation, poor education, low income, chronic malnutrition and many other factors may greatly increase the risk of exposure to the germs which cause disease and may greatly increase susceptibility to them.

These same factors predispose to diseases not caused by germs--the chronic metabolic and degenerative diseases of later life.

Good health, in other words, cannot be achieved in a vacuum.

To achieve good health on any permanent basis attention must be paid to other--non-health--factors. Unless this is done any improvement in health may be quite temporary.

A small child may be saved from dying of pneumonia by a single injection of an antibiotic, but this by no means solves the health problems auch a child faces, particularly if the child happened to be born to poor parents in a rural area.

Health planners can ill afford to be myopic. They must join with others in the community to help improve economic conditions and educational systems and participate, across-the-board, in all types of community improvement projects.

VII. Health Goals

Perhaps this is a good time to briefly enumerate some of the health goals that can be set for rural areas:

1. Farm incomes must be raised so that more rural people can afford to purchase health insurance and pay their doctor bills.

Higher incomes will also provide a higher tax base which will permit the community to help pay for additional health facilities and services that will be needed. Modern medicine cannot thrive without them.

2. Educational opportunities open to young people in rural areas must equal those available to youngsters in the city. The mechanization and automation of farming, that is going on apace, and the growth of large farm complexes, will put a premium on technical skills and higher education.

3. Planning, broad in scope, will be needed. Planning no longer can be limited to towns, and boroughs, or even to cities. The source of polluted air and water is often states away. Medical centers may be counties removed from the rural people who use them. Modern roads make it feasible to travel fifty miles to get good care in a modern medical center.

All of these spin-offs from the technological revolution that is engulfing us are dynamiting the once impregnable walls of rural provincialism. To survive these days means to cooperate. And cooperation among contiguous political jurisdictions is essential for the development of a good health care system.

In many local areas legal barbed wire has been strung around towns and cit es to protect their special interests. This barbed wire will have to be cut before area-wide coordinated action in the health field can be taken.

4. Any health care planned for the future must be comprehensive in nature. By comprehensive health services I mean the whole gamut of services ranging from prevention through care to rehabilitation.

A comprehensive health plan should provide for general practitioners so necessary at the family level; medical centers to which more difficult cases may be referred; and transportation to university medical centers for the few patients who may need a more intensive work-up.

A comprehensive health plan should provide for home health services for those who can do as well or better at home as in a hospital. This type of service can also reduce the demand for hospitalization.

5. The plan should provide for preventive health examinations, both screening and diagnostic, that have been so long ignored in existing systems of health care. The early detection of serious chronic illnesses in their early stages can do much to improve prognosis, shorten hospital stay, and reduce the ultimate cost of care.

6. Health education at an effective level, using modern communication techniques and devices, is an invaluable ally to any system of health care. Health education should be stressed in the schools during the formative years of a child's life so that tomorrow's adults may be a little more knowledgeable about health matters than today's "TV commercial" conditioned parents.

7. Family planning can no longer be ignored when health services are being planned for a community.

8. Training facilities for all types of health personnel will have to be expanded. Hospitals without doctors, laboratories without technicians, and communities without nurses and social workers can do little to improve the health of the people.

9. Comprehensive health plans must provide for good emergency care services. People who live and work in rural areas are frequently exposed to hazardous situations. As a result they have accidents more frequently than other people. Survival, following an accident, may well depend upon the quality and availability of emergency medical services in the community and how long it takes to obtain these services.

Hospitals must be prepared to care for emergency cases promptly and effectively. Ambulances must be properly equipped. Attendants must be well trained to give first aid to the injured.

10. Finally there must be research--that ingredient of health programs upon which all progress depends.

Dr. A. L. Chapman

The Department of Agriculture knows that research is essential. 17 percent of the employees of that department are engaged in research.

The federal government knows the value of research. It spends over a billion dollars a year for medical research alone and another 15 billion dollars for other types of research.

Research at the community level is equally important in the development of an economical and feasible community health plan.

VIII. To Achieve these Goals

1. In order to achieve these goals there must be a plan--locally conceived--to meet local needs--and in harmony with local resources.

Such a plan should be framed with an awareness of the extent of local resources--people, facilities, funds.

It should identify the needs of local people as they see them and express them. Unless the public is encouraged to participate in the planning little support may be expected when the time comes to put the plan into effect.

Fortunately funds will soon be made available from the Public Health Service under the Comprehensive Health Planning Act to support comprehensive health planning at the State and local level. This planning will include rural as well as urban areas.

2. Success in reaching established goals will depend a great deal on the degree of cooperation that can be generated between towns, counties, cities, and other political subdivisions of the state; between official and voluntary agencies and citizen groups; in short between all groups that must be involved in the planning process.

For a new, modern system of health care to be developed in a rural area old concepts of care will have to be modified; new alignments will have to be made; and new habit patterns will have to be established.

The technological problems involved in forging a new and more effective system of providing health care services will be a lot less troublesome than the sociological and psychological problems that will be encountered.

Understanding, persistence, and large doses of divinely inspired patience are the best analgesics for the inevitable headaches that will be generated.

3. New facilities and services will have to be paid for. It is fortunate, at this time, when so many rural communities are seeking improved health

services, that new sources of funding are appearing.

Payments for medicare and medicaid are pouring into communities to help pay for more and better health services for many people.

The Comprehensive Health Planning Act will provide funds for State and area-wide planning. Eventually there will be additional funds for demonstrations, training, research, and service.

Neighborhood Health Centers are being supported by the Office of Economic Opportunity. The Public Health Service is financing migrant health programs in rural areas across the nation. Other funds, in various categories, are being made available to improve housing, sanitation, professional education, and the training of paramedical personnel.

IX. Summary

For decades a tide of people, primarily young people, have been ebbing from rural areas toward the cities. There is evidence that this tide may soon be reversed.

Industry, bedeviled by air and water pollution, traffic congestion and mounting costs in cities, is looking longingly toward the open spaces far out beyond the fringes of the city.

Whole new cities are being planned and built in several parts of the country. Before these cities are built comprehensive health plans are formulated which are incorporated into their very structure. These health services, designed for a complete city, to provide total care for a specified number of residents, are the kind of health services that should be made available to rural people.

The farms of tomorrow will be larger than they are today, but the total acreage committed to farming may not increase substantially. Interspersed between the larger more mechanized and often automated farms of the future will be industrial complexes that have fled the city. Considering large areas within a State, the introduction of industrial complexes in rural areas will provide a higher income for the community as a whole, will raise the tax base, and will provide natural loci for the modern health and medical centers which will become the hub of tomorrow's system for providing health care.